

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>	C	VS	6/26
<b>FORMALITY REVIEW</b>			

## INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 — (Through numeral)... Canceled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date	Claim	Date	Claim	Date
Final	1/22/10	51		101	
Original	4/2/10	52		102	
1	✓	53		103	
2	✓	54		104	
3	✓	55		105	
4		56		106	
5	✓	57		107	
6	✓	58		108	
7	✓	59		109	
8	✓	60		110	
9	✓	61		111	
10	✓	62		112	
11	✓	63		113	
12	✓	64		114	
13	✓	65		115	
14	✓	66		116	
15		67		117	
16		68		118	
17		69		119	
18		70		120	
19		71		121	
20		72		122	
21		73		123	
22		74		124	
23		75		125	
24		76		126	
25		77		127	
26		78		128	
27		79		129	
28		80		130	
29		81		131	
30		82		132	
31		83		133	
32		84		134	
33		85		135	
34		86		136	
35		87		137	
36		88		138	
37		89		139	
38		90		140	
39		91		141	
40		92		142	
41		93		143	
42		94		144	
43	✓	95		145	
44		96		146	
45	✓	97		147	
46	—	98		148	
47	—	99		149	
48	✓	100		150	
49	—				
50	—				

If more than 150 claims or 10 actions  
staple additional sheet